

Girl Scouts of Southern Illinois

www.girlscoutsofsouthernillinois.org

Corporate Service Center
#4 Ginger Creek Parkway • Glen Carbon, IL 62034
(618) 692-0692 • (800) 345-6858 • fax: (618) 692-0685

Program Registration For Individuals

Name of Event _____ Code _____

Date of Event _____ Time of Event _____

If choice of sessions, list: 1st _____ 2nd _____ 3rd _____

Leader/Facilitator _____ Troop # _____ Service Unit # _____ GS Grade _____

Girl Name _____

Address _____

City _____ ST _____ Zip Code _____

Phone # (Day) _____ (Evening) _____

E-Mail _____

Additional Information _____

Program Cost \$ _____

PAYMENT: Check enclosed: # _____ Amount \$ _____
 Mastercard Visa Discover

Card Number _____ Expiration Date _____

Amount \$ _____ Signature _____

PARENT'S CONSENT:

I request that my daughter/ward _____ attend the _____
at _____ and participate in all phases of the activities. I agree to cooperate with
all of Girl Scouts of Southern Illinois regulations. Further, Girl Scouts of Southern Illinois has my permission to
use photographs or videotapes of my daughter/ward for whatever purposes they see fit, including website,
with no claim whatsoever on my part.

Health history form on back has been completed.

Signature of parent/guardian _____ Date _____